

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/27/03.

## **I. DISPUTE**

Whether there should be reimbursement for evaluation of tests - 90825 conducted 8/7/02 and denied by the carrier on the basis of "A" –preauthorization not obtained.

## **II. RATIONALE**

On 8/7/02, the requestor also conducted a psychiatric interview - 90801 and preparation of a report – 90889 which were paid by the respondent.

After the filing of this dispute by the requestor on 6/27/03 the respondent again reviewed the bill on 7/21/03. The service was again denied this time on the basis of "F" - The value of this procedure is included in the value of another procedure performed on this date.

Commission Rules 133.307(j)(2) states, "The response shall address only those denial reasons presented to the requestor prior to the date the request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of an request. Any new denial reasons or defenses raised shall not be considered in the review."

The information submitted by both the requestor and respondent indicate that the disputed services were reviewed after the dispute was submitted. On this basis, the services in dispute will be reviewed based solely upon the denial for lack of preauthorization.

Rule 134.600 (b)(1) states, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

- (B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;

Rule 134.600 (h) states, health care requiring preauthorization includes:...

all psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program;

The disputed service does not require preauthorization. Reimbursement is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT 90825 x 60 units at \$2.00 minute in the amount of **\$120.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$120.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18<sup>th</sup> day of December 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

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